| Statement of Organization - Candidate | e Complitee | Amendment Yes No | | | |
|---|---|-----------------------------|--|--|--|
| 1. Committee Information | | | | | |
| a. Full Name | | c. ID Number | | | |
| Re-elect Dawn Morgan, Alderman | | 7GYO9C | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | | | |
| 112 Rockford C+ | | 8/4/2005 | | | |
| Kernersville, NC 27284 | | e. Phone Number 993-9147 | | | |
| 2. Candidate Information | Candidate's Primary Commi | | | | |
| a. Full Name | c. Candidate ID Number | d Party Affiliation | | | |
| Dawn H. Morgan | 79409C | Non Tartisan Rac | | | |
| b. Mailing Address (include City, State, and Zip Code) | e. Office Sought | f. Jurisdiction | | | |
| 112 Rockford Ct | Alderman | Kernesuille | | | |
| Kernersville, NC 27284 | (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.) | | | | |
| 3. Treasurer Information | 4. Custodian of Books Information | | | | |
| a. Full Name | a. Full Name | | | | |
| Dawn H. Morgan | Dawn H. Morgan | | | | |
| b. Mailing Address (include City, State, and Zip Code) | b. Mailing Address (include City, State, | | | | |
| 112 Rockford Lt | 1112 Rockford Ct | • | | | |
| Kerners n'lle, NC 27284 | C 27284 | | | | |
| c. Phone Number d. Email Address | | | | | |
| 993-9147 d Morgan 2 Etrial. r. com 9939147 d Morgan 2 Ctrial. rr. com | | | | | |
| 5. Assistant Treasurer Information | 6. Account Information (incl. C | CRO-3500) | | | |
| a. Full Name Remove | a. Financial Institution Full Name | Remove | | | |
| NONE | Allegacy | | | | |
| b. Mailing Address (include City, State, and Zip Code) | b. Purpose | | | | |
| Campaign Expenses | | | | | |
| . Phone Number d. Email Address | c. Code d. Type | | | | |
| | A Charle | | | | |
| CERTIFICATION | N Over | ang . | | | |
| I certify that the Committee is in compliance with all provision with funds for a federal or out-of-state PAC. I further say that | ons of Article 22A, including that no | o funds are commingled | | | |
| DAWN H. MORGAN Warn H. Morgan 8/4/2005 Printed Name of Signer Signature of Appointed Treasurer Date | | | | | |
| RO-2100A NC State Board | of Elections | May 2003 | | | |
| · | | FORS AUG | | | |



State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director – Campaign Reporting

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Treasurer

| _ | |
|----------------------------|----------------|
| DAWN H. MORGAN | |
| DAWN H. MORGAN | |
| 112 Rockford Ct | |
| Memorossi Kernersville, NC | _272 |
| | - |
| 336.993-9147 | _ |
| | DAWN H. MORGAN |

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in Subchapter VIII. Regulation of Election Campaigns of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

8/4/2005

Signature of Candidate



Kimberly Westbrook Deputy Director - Campaign Reporting

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Threshold

| FILED BY: | |
|--|--|
| Committee Name: | Reelect Dawn Morgan, Alderma |
| Treasurer Name: | Dawn H. Morgan |
| Treasurer Address: | 112 Rockford Ct |
| (include city, state, & zip) | Kernecsville, NC 27284 |
| | |
| Treasurer Phone: | 336 993-9147 |
| election cycle under the procuntil the end of the election of expenditures during this election of elections and file required THIS DECLARATION CAN I am withdrawing my Could the next scheduled report | ttee intends to neither receive nor expend more than \$3,000 during the current dures set forth in G.S. 163-278.10A. This certification will remain in effect rele for this committee. If this committee exceeds \$3,000 in contributions or on cycle, I understand that I must immediately notify the appropriate board ampaign finance reports. ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. Attification to remain under the \$3000 threshold. I will now be required to or all contributions and expenditures that have not been previously reported ant election cycle. I further agree to file all future reports required. |
| 3/4/2005 Date Signed | Warn Horgan |



State Board of Elections 506 N Hanington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director – Campaign Reporting

FILED BY:

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Confidential

Certification of Financial Account Information

| Committee Nam | e: <u>Ke-elec</u> | + Dawn M | broan, A | Iderman |
|--|--|---|---|---|
| Treasurer Name: | Dawn | H. Morga | ~ | ··· |
| Treasurer Addres | ss: 112 Roc | Kford Cf | | |
| (include city, state, & | kzip) Kerners | ville, NC | 27284 | |
| Treasurer Phone: | | 193-914 | 7 | |
| for the above named accounts, money man Committee. The information proves a court of competent provide account information provide accounts provide accounts provide accounts provide account information provide accounts provide account information provid | rmation provided below is Committee. These account ket or savings accounts, or ided on this form is consided would only be used for jurisdiction. It will be necessation on required discloss account number is presume | t numbers include all be any other financial accordance of the purposes of an auessary to assign each accordance of the purposes. If an accordance of the purposes. | ank accounts utilized, count used for any purport not subject to public didit or investigation or a count number a "code" and number is used as the | redit card ose by the isclosure. is required by in order to |
| Type of account | Financial Institution | Address | Account Number | Code |
| Checking | Allegacy | PO Gax 1456 W/S, NC 2710 | | A |
| provided. 8 / 6 / 2 00 Date Signed In lieu of providing acc | ent, I authorize agents of the second | that this committee wi | Signature of Treasures. | rga- |
| Date Signed | | | Signature of Candidate | |
| | | | | |